

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original
	1			31			121			181
	2			32			122			182
	3			33			123			183
	4			34		1	124			184
	5			35			125			185
	6			36			126			186
	7			37			127			187
	8			38			128			188
	9			39		2	129			189
	10			40		3	130			190
	11			41		4	131			191
	12			42			132			192
	13			43			133			193
	14			44			134			194
	15			45		5	135			195
	16			46		6	136			196
	17			47		7	137			197
	18			48		8	138			198
	19			49		9	139			199
	20			50		10	140			200
	21			51		11	141			201
	22			52		12	142			202
	23			53			143			203
	24			54			144			204
	25			55			145			205
	26			56			146			206
	27			57			147			207
	28			58			148			208
	29			59			149			209
	30			60			150			210